



Athletic Support Plan

CONFIDENTIAL

(to be shared only w/individuals named)

Use this as a tool to guide the conversation and to create a shared understanding of how the student's authentic identity will be accounted for and nurtured while participating in sports. School staff, the student, and their caregiver(s) or other trusted adult (if the student wishes) should work through this together; this is an iterative process and thus, you should expect to return to this document to make changes as the student's needs change.

School name: _____ Today's Date: _____

The School Support Plan has been reviewed prior to this meeting.

Student Demographic Information

Affirmed Student Name : _____

Student's Current Full Name in Synergy (First, Last) :

Gender pronouns: _____

Sex assigned at birth: Intersex Female Male

Grade Level: _____ Age: _____

List name(s) of everyone participating & their relationship to student (ex: parent, therapist etc.):

Name and Gender Pronouns	Relationship

What are the student's biggest concerns about their emotional, physical or spiritual safety (if any) while participating in sports?

Logistics

Please list the sport(s) and its season(s) the student would like participate in this school year.

Is the sport(s) gender-segregated, gender-specific, or neither? Yes No

What, if any, uniform exceptions need to be made? Please list or mark N/A if none are needed. Please contact OSAA for additional guidance if exceptions are needed.

How does the student want to handle locker room needs? Select an option below or develop an different plan that best fits the needs of the student.

- In the locker room with everyone else
- In the locker room at an alternate time
- In a private space in the locker room
- In an alternate space in proximity to the locker room
- Other

If other, please explain.

Confidentiality

Is the student open about their gender identity? Yes No Partially

If yes, coaches, announcers, teammates, etc will refer to the student as _____ and use _____ pronouns.

If partially open about their identity, please fill in the following below:

Person's name/Group	Knows	Name/pronoun to use
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____



If they are not open, do they want to maintain their right to confidentiality? Yes No Unsure

If they do want to maintain confidentiality, please discuss who, if anyone, else is a "need to know" person and how the student would like to discuss this with them.

If not, discuss how the student would like to share this aspect of their identity with their team and coach(es). If the student and athletic staff would like additional support with this, they may contact the Program Manager for LGBTQ2SIA+ Supports (lgbtq@pps.net).

Additional Information

What else does the student need to feel supported in their athletic endeavors?
